

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☒ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Type or print in Ink.

COVER PAGE JNG FORM

Statement covers period from 1/01/97 through 7/31/97	Date Stamp RECEIVED 31 PM 12:31 ALICE BLANCHETTE CITY CLERK CITY OF LODI	CALIFORNIA 1994 FORM 490 Page 1 of 8 For Official Use Only
Date of election if applicable: (Month, Day, Year) 11/05/96		

**I Officeholder, Candidate, and Controlled Committee
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

511 CHARLESTON WAY

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
LODI	CA	95242	209-368-6708

COMMITTEE NAME	I.D. NUMBER
COMMITTEE TO ELECT KEITH LAND	942177

COMMITTEE ADDRESS (NO. AND STREET)			
1806 WEST KETTLEMAN LANE, SUITE K			
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
LODI	CA	95242	209-333-7318

NAME OF TREASURER			
DAVID L DUNCAN, CPA			
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)			
1820 WEST KETTLEMAN LANE, SUITE A			
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
LODI	CA	95242	209-339-0100

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS (NO. AND STREET)			
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS (NO. AND STREET)			
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/97 At LODI, CALIFORNIA
CITY AND STATE

By David L Duncan CPA
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/97 At LODI, CALIFORNIA
CITY AND STATE

By Keith Land
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on 7/31/97 At _____
CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

Statement covers period from 1/01/97 through 7/31/97		CALIFORNIA 1994 FORM 490
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I.D. NUMBER 942177		

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 100.00	\$ 9,662.00	\$ 9,762.00
2. Loans Received	Schedule B, Line 7	(207.69)	3,100.00	2,892.31
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ (107.69)	\$ 12,762.00	\$ 12,654.31
4. Non-monetary Contributions	Schedule C, Line 3	50.00	625.00	675.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ (57.69)	\$ 13,387.00	\$ 13,329.31
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	0.00	0.00	0.00
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ (57.69)	\$ 13,387.00	\$ 13,329.31

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 13.45	\$ 12,739.86	\$ 12,753.31
9. Loans Made	Schedule H, Line 7	0.00	0.00	0.00
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 13.45	\$ 12,739.86	\$ 12,753.31
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	0.00	0.00	0.00
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 13.45	\$ 12,739.86	\$ 12,753.31

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 121.14
14. Cash Receipts	Column A, Line 3 above	(107.69)
15. Miscellaneous Increases to Cash	Schedule I, Line 4	13.45
16. Cash Payments	Column A, Line 10 above	13.45
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 0.00

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD
NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ 0.00
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Cash Equivalents and Outstanding Debts

19. Cash Equivalents	See Instructions on reverse	\$ 0.00
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 2,892.31

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
21. Contributions Received	\$	
22. Expenditures Made	\$	

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA 1994 FORM 490
from	1/01/97	
through	7/31/97	Page <u>3</u> of <u>8</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
KEITH LAND / COMMITTEE TO ELECT KEITH LAND		942177

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
4/02/97	GARY BUZUNIS 964 LUCAS ROAD LODI, CA 95242		100.00	100.00	
SUBTOTAL \$			100.00		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 100.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 100.00

Schedule B — Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part I

Statement covers period from 1/01/97 through 7/31/97		CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
					\$		\$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
					\$		\$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
					\$		\$
*See important instructions on reverse.			SUBTOTAL \$ (a) 0.00			\$ (b) 0.00 Enter (b) on Summary Page, Line 18 only.	

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 0.00
- Loans under \$100 received this period. (Do not itemize.) \$ 0.00
- Total loans received this period. (Add Lines 1 and 2.) **TOTAL \$ 0.00**

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ 207.69
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ 0.00
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) **TOTAL \$ (207.69)**
- Net change this period. (Subtract Line 6 from Line 3.) **NET \$ (207.69)**
Enter the net here and on the Summary Page, Column A, Line 2.
May be a negative number

Schedule B — Part II

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part II

Statement covers period

from 1/01/97

through 7/31/97

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

I.D. NUMBER

942177

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
7/18/97	3/22/96	KEITH LAND		207.69	292.31	0.00
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL \$ (c) 207.69	TOTAL INTEREST PAID THIS PERIOD \$	(d) 0.00

***IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B — Part III
Annual Report of Outstanding Loans Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - Part III

Statement covers period		CALIFORNIA 1994 FORM 490
from	1/01/97	
through	7/31/97	Page <u>6</u> of <u>8</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
KEITH LAND / COMMITTEE TO ELECT KEITH LAND		942177

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
KEITH LAND	3/22/96	500.00	292.31	
KEITH LAND	8/14/96	2,000.00	2,000.00	
KEITH LAND	11/04/96	600.00	600.00	
Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$ 2,892.31

NOTE: This total should be
 the same amount as entered
 on the Summary Page,
 Column C, Line 2.

Schedule C Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA 1994 FORM 490
from	1/01/97	
through	7/31/97	Page <u>7</u> of <u>8</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
KEITH LAND / COMMITTEE TO ELECT KEITH LAND		942177

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
7/31/97	SWINNEY KIEHN & DUNCAN, CPA'S 1820 WEST KETILEMAN LANE, SUITE A LODI, CA 95242	CPA	CLERICAL SERVICES	50.00	500.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 50.00

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 0.00
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 50.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 50.00

Schedule E Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA 490
from	1/01/97	
through	7/31/97	Page 8 of 8
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
KEITH LAND / COMMITTEE TO ELECT KEITH LAND		942177

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR	DESCRIPTION OF PAYMENT

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 0.00
2. Payments made this period of under \$100. (Do not itemize.)	\$ 13.45
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0.00
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0.00
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 13.45